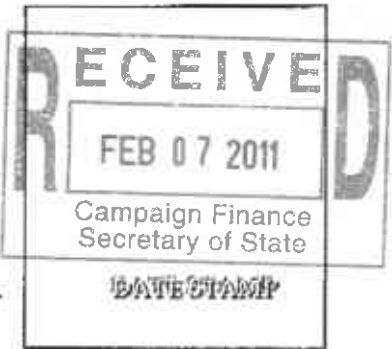


Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
Special Election

Name of Committee Todd J. ECHELBERY
Address 578 MEADOW DRIVE, D'IBERVILLE, MS 39540
Telephone 228-447-4261 Fax 228-44-7 9261
Treasurer Tommi Echelberry Email TOMMYELU@
CABLEONE.NET



☐ Check here if above is different from previous report

TYPE OF REPORT

- ____ January 4, 2011 Pre-Election Report (January 1, 2010 through January 1, 2011).....Mandatory
____ January 25, 2011 Pre-Election Report (January 2, 2011 through January 22, 2011).....Runoff Candidates
only
____ January 31, 2011 Annual Report (January 1, 2010 through December 31, 2010).....Mandatory
☒ Termination Report (Candidate will no longer accept contributions or make
campaign expenditures and has no outstanding campaign debt obligation) Required to terminate
reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
(2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
(3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ <u>0</u> + \$ <u>0</u> = \$ <u>0</u>	\$ <u>0</u>	\$ <u>900.00</u>
Total amount of disbursements	\$ <u>0</u> + \$ <u>0</u> = \$ <u>0</u>	\$ <u>0</u>	\$ <u>871.54</u>
Total amount of cash on hand		\$ <u>28.46</u>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Tommi Echelberry
Signature of Director or Treasurer

2-6-2011
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 138, Jackson, MS 39208 or fax to 601-359-1493 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Todd J. EchelberryReporting period TERMINATION REPORT through _____

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Todd Jeffery Weber Echelberry</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u>Ø</u>
Mailing Address <u>578 MEADOW DRIVE</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>d'lberville, MG 39540</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required) <u>APCS</u>		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>ADMINISTRATION ASSISTANT</u>	Aggregate year-to-date		\$ <u>800.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> </u> / <u> </u> / <u> </u>	\$
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date		\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> </u> / <u> </u> / <u> </u>	\$
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date		\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> </u> / <u> </u> / <u> </u>	\$
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date		\$

Name of Candidate or Committee Todd J. ECHELBERT
 Reporting period TERMINATION REPORT through _____

ITEMIZED DISBURSEMENTS

A. Full name <u>BIG "D" SIGNS</u>	Date (Mo., Day, Year) ____/____/____	Amount of each disbursement this period \$ <u>Ø</u>
Mailing Address <u>684 ORCHARD DRIVE</u>	____/____/____	\$ <u>Ø</u>
City, State, Zip Code <u>D'IBERVILLE, MS 39540</u>	____/____/____	\$
Purpose of Disbursement (Optional) <u>SIGNS</u>	Aggregate Year-to-date	\$ <u>278.20</u>
B. Full name <u>OFFICE DEPOT</u>	Date (Mo., Day, Year) ____/____/____	Amount of each disbursement this period \$ <u>Ø</u>
Mailing Address <u>2914 PASS ROAD</u>	____/____/____	\$ <u>Ø</u>
City, State, Zip Code <u>BILOXI, MS 39531</u>	____/____/____	\$
Purpose of Disbursement (Optional) <u>PAPER / TONER PRODUCTS</u>	Aggregate Year-to-date	\$ <u>332.48</u>
C. Full name <u>USPS</u>	Date (Mo., Day, Year) ____/____/____	Amount of each disbursement this period \$ <u>Ø</u>
Mailing Address <u>356 GINGER DRIVE</u>	____/____/____	\$ <u>Ø</u>
City, State, Zip Code <u>D'IBERVILLE MS 39540</u>	____/____/____	\$
Purpose of Disbursement (Optional) <u>STAMPS / MAILINGS</u>	Aggregate Year-to-date	\$ <u>103.60</u>
D. Full name <u>KNIGHT ABBEY PRINTING AND DIRECT</u>	Date (Mo., Day, Year) ____/____/____	Amount of each disbursement this period \$ <u>Ø</u>
Mailing Address <u>315 CAILLAVET STREET</u>	____/____/____	\$ <u>Ø</u>
City, State, Zip Code <u>BILOXI, MS 39530</u>	____/____/____	\$
Purpose of Disbursement (Optional) <u>DESIGN SERVICES</u>	Aggregate Year-to-date	\$ <u>80.25</u>
E. Full name <u>FACEBOOK</u>	Date (Mo., Day, Year) ____/____/____	Amount of each disbursement this period \$ <u>Ø</u>
Mailing Address <u>1601 S. CALIFORNIA AVE.</u>	____/____/____	\$ <u>Ø</u>
City, State, Zip Code <u>PALO ALTO, CA 94304</u>	____/____/____	\$
Purpose of Disbursement (Optional) <u>ADVERTISING FEE</u>	Aggregate Year-to-date	\$ <u>72.01</u>
F. Full name	Date (Mo., Day, Year) ____/____/____	Amount of each disbursement this period \$
Mailing Address	____/____/____	\$
City, State, Zip Code	____/____/____	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$